MAXIMUS Federal Services

Case Number:	CM14-0164753		
Date Assigned:	10/09/2014	Date of Injury:	07/22/2010
Decision Date:	11/10/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/07/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The worker is a 49 year old female who was injured on 11/1/2014. She was diagnosed with right ankle pain, lumbar disc bulging with mild stenosis and annular tear, lumbar facet syndrome, right shoulder bursitis (compensatory), insomnia, and possible stress syndrome. She was treated with physical therapy, chiropractic treatments, surgery (right ankle), muscle relaxants, opioids, anti-epileptics, non-steroidal anti-inflammatory drugs (NSAIDs), and sleep aids. On 7/28/14 she was seen by her primary treating physician complaining of persistent low back and lower extremity pain with numbness and tingling in her left leg. She also complained of right shoulder pain and right ankle pain. She reported not working at the time. Physical findings included tenderness of the lumbar paraspinal muscles with muscle spasm, positive seated straight leg raise, and decreased sensation of the L5 dermatome bilaterally. She was then recommended electromyography (EMG)/nerve conduction velocity (NCV) studies of both lower extremities, continue seeing the chiropractor, and continue her medications (Naprosyn, gabapentin, Norco, and Ultram).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, although the provider reported that she had been benefiting from her Norco use, allowing her to perform daily living tasks, no specifics were mentioned comparing with and without Norco use as well as quantified pain levels with and without this medication in order to justify continuation. Without this evidence of benefit, the Norco is not medically necessary.